



**TESTIMONY OF
KATHERINE TAIT MICHAEL, MD
DANBURY HOSPITAL/NEW MILFORD HOSPITAL/NORWALK HSOPITAL
WESTERN CONNECTICUT HEALTH NETWORK
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Thursday, February 16, 2017**

**HB 7027, An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2019,
And Making Appropriations Therefor**

Thank you for the opportunity to speak to you today. I am Dr. Katherine Michael a practicing psychiatrist for 20 years, on the medical staff of Danbury, Norwalk and New Milford Hospitals and now engaged in strategic planning and implementation of population health strategies for Western Connecticut Health Network.

Today, I would like to speak to you about our opposition to the Governor's proposed budget which once again puts hospitals in a very precarious position with a newly proposed municipal property tax. Coupled with the lowest Medicaid rates in the US, there is no doubt this budget will hinder access to needed care.

Additionally, the budget proposes a \$4.7 million dollar year-over-year cut to grants for mental health and substance abuse treatment and employment opportunities. While referred to as grants, this allocation is actually funding for services provided to DMHAS clients. The argument that this budget is a good idea and that these grants are no longer needed in light of increased enrollment in Medicaid is erroneous. First, lowering the income level needed to qualify for a subsidy will decrease the number covered by Medicaid. Secondly, even when insured by Medicaid, access to mental health and substance use treatment remains very difficult. Few providers take Medicaid and when they do, wait times are weeks to months long. Hospitals, under the gun by dramatic increase in taxes, are unable to fill the gaps to the degree they once did.

In the US, we spend the most of any industrialized nation on healthcare and the least on social services. According to a 2007 study, behavioral patterns and social circumstances drive 55% of health status while healthcare interventions account for only 10%ⁱ. The healthcare spending in our country is driven by high use of interventions and expensive medications, not on relationships and basic interventions to foster behavioral changes. Using mental health as an example, we spend 30 cents of every dollar on medicationsⁱⁱ to the exclusion of therapy, hospital stays, detox, rehab or residential programs.

Cutting these mental health grants will reduce the face-to-face services provided—the very services that are more likely to improve health status (and save money) in the long run.

Taking away funding for vocational training will decrease the chance for recovery and will only ensure that people remain dependent on the system. To paraphrase Martin Luther King, “People cannot lift themselves up by their bootstraps if they have no boots.”

Thank you for your time and attention.

ⁱ Schroeder, S. A. (2007). We can do better — improving the health of the American people. *New England Journal of Medicine*, 357(12), 1221–1228. doi:10.1056/nejmsa073350

ⁱⁱ Levit, K. R., & Substance Abuse and Mental Health Services Administration. (2008). *Projections of national expenditures for mental health services and substance abuse treatment 2004 –2014*. Retrieved from <https://store.samhsa.gov/shin/content/SMA08-4326/SMA08-4326.pdf>